10/17/2008 16:15

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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Ot	ther Than An	Authorized Cor	nmittee		Office Use Only	
NAME OF COMMITTEE (in full)		EC MAILING LAB PE OR PRINT	EL Example:I over the li	f typing, type nes			
American Academy of	Ophthalmology		mittee (OPHTHPAC	·) 			
				1 1 1 1 1			
ADDRESS (number and stre	eet) 655	Beach Street					
Check if different than previously reported. (ACC)		Francisco			CA	94109	-
2. FEC IDENTIFICATIO	N NUMBER	<b>~</b>	CITY 🛕		STATE	ZIPCOI	DE 🛋
C00196246		3	B. IS THIS REPORT	NEW (N) OR	AI (A	MENDED .)	
4. TYPE OF REPOR (Choose One)  (a) Quarterly Report  April 15 Quarterly Re  July 15 Quarterly Re  October 15 Quarterly Re  January 31 Quarterly Re  July 31 Mid- Report(Non- Year Only) (  Termination (TER)	eport(Q1) eport(Q2) eport(Q3) eport(YE) Year election MY)	(d) 30-Day  Post -Electic  Report for th	e: Conve	May 20 (M5  Jun 20 (M6  Jul 20 (M7)  ary (12P)  ention (12C)  1 0 4  ral (30G)	Sep	in the	Special (30S)
5. Covering Period	10	01 2008	thi	rough 1 0	15	2008	
I certify that I have examine Type or Print Name of Trea		nd to the best of m njamin Bank	y knowledge and be	lief it is true, correc	ct and complete.		
Signature of Treasurer	Ele <u>ctronically Fi</u>	led by Benjamin	Bank		Date 10	17	2008
NOTE : Submission of fals	e, erroneous, o	r incomplete inform	nation may subject th	ne person signing t	this Report to the	e penalties of 2 U.S	S.C 437g.
Office Use						FEC FOR	

FE6AN026

FEC Form 3X (Rev. 02/2003)

### **SUMMARY PAGE**

Page 2

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) <sup>®</sup> D <sup>b</sup> D 1.0 0 1 2008 1.0 15 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 896421.36 January 1 (b) Cash on Hand at 954352.61 Begining of Reporting Period ..... 23963.74 880239.52 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 978316.35 1776660.88 6(a) and 6(c) for Column B) ..... 282617.25 1080961.78 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 695699.10 695699.10 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

> Federal Election Commission 999 E street, NW Washington, DC 20463

> > Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

0 1 1<sup>D</sup>5 м м 1 0 м м 1 0 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 764558.49 19493.32 (i) Itemized (use Schedule A) .......... 4470.42 86166.09 (ii) Unitemized ..... (iii) TOTAL (add 23963.74 850724.58 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 23963.74 850724.58 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 29514.94 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 23963.74 880239.52 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 23963.74 880239.52 (subtract Line 18(c) from Line 19) .....

23.

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

(i) Federal Share.....

(ii) Non-Federal Share.....

Expenditures.....

Committees.....

Federal Candidates/Committees.....and Other Political Committees.....

26. Loan Repayments Made.....

Individuals/Persons Other

(b) Political Party Committees (c) Other Political Committees

(d) Total Contribution Refunds

29. Other Disbursements.....

30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity

(i) Federal Share .....

(ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely

With Federal Funds ..... (c) Total Federal Election Activity (add

31. Total Disbursements (add Lines 21(c), 22,

32. Total Federal Disbursements

from Line 31).....

23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

(subtract Line 21(a)(ii) and Line 30(a)(ii)

Lines 30(a)(i), 30(a)(ii) and 30(b))....

(from Schedule H6)

Than Political Committees .....

(such as PACs) .....

**II. DISBURSEMENTS** 

(a) Shared Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

27. Loans Made..... 28. Refunds of Contributions To:

(c) Total Operating Expenditures

21. Operating Expenditures:

of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 0.00 0.00 2.00 26883.53 2.00 26883.53 (add 21(a)(i), (a)(ii) and (b))............ 0.00 0.00 82500.00 755000.00 200115.25 276808.25 0.00 0.00 0.00 0.00 0.00 0.00 0.00 22270.00 0.00 0.00 0.00 0.00 0.00 22270.00 (add Lines 28(a), (b), and (c)) ......... 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 282617.25 1080961.78

282617.25

1080961.78

FE6	AN026

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	23963.74	850724.58
34.	Total Contribution Refunds (from Line 28(d))	0.00	22270.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	23963.74	828454.58
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2.00	26883.53
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	2.00	26883.53

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 34 (check only one)    X
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
۱.	Full Name (Last, First, Middle Initial) Reginald George Ariyasu			Date of Receipt
	Mailing Address 3467 Stoner Avenue			10 03 7 2008
	City	State	Zip Code	Transaction ID: D8WFSY753115
	Los Angeles	CA	90066-2819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
_	Full Name (Last, First, Middle Initial) James Arthur			Date of Receipt
	Mailing Address 831 Gail Gardner Wa	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 4YDRWX707304
	Prescott	AZ	86305-1606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
_	Full Name (Last, First, Middle Initial) Rajendra Bansal			Date of Receipt
	Mailing Address 105 Stevens Avenue			10 10 2008
	City	State	Zip Code	Transaction ID: 1PMG6W324443
	Mount Vernon	NY	10550-2686	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)	1		1230.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate for each cate Detailed Sum	yory of the X 11a 11b 11c 12 mary Page X 11a 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	name and address of any politi	sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.  DPHTHPAC)
Full Name (Last, First, Middle Initial) Robert Berry  Mailing Address Suite 301 9800 Lile Drive  City Little Rock  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State Zip Code AR 72205-6230  C  Occupation Ophthalmologist  Aggregate Year-to-Date	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) H Culver Boldt Mailing Address 200 Hawkins Drive  City Iowa City  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State Zip Code IA 52242-1009  C  Occupation Ophthalmologist  Aggregate Year-to-Date	Date of Receipt  10 10 2008  Transaction ID: 1PMG6W471473  Amount of Each Receipt this Period  365.00  Batch Tool - PAC
Full Name (Last, First, Middle Initial) Thomas Byrd  Mailing Address 4265 Cherry Hill Drive  City Orchard Lake  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	East  State Zip Code MI 48323  C  Occupation Ophthalmologist  Aggregate Year-to-Date	Date of Receipt  M M M C D D C 2008  Transaction ID: 7F4EE688-C847-498A  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional) .		1730.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/34 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Philip Chen			Date of Receipt
	Mailing Address 514 34th Ave			10 15 2008
	City <u>Seattle</u>	State WA	Zip Code 98122	Transaction ID: 28208120-D056-4EB9-  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthaln		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- В.	Full Name (Last, First, Middle Initial) Scott Corin			Date of Receipt
	Mailing Address 9154 Taverna Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 57AEFF7B-7CDE-45AD
	Boynton Beach	FL	33437	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthaln		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- С.	Full Name (Last, First, Middle Initial) Francis Depenbusch			Date of Receipt
О.	Mailing Address 1708 East 23rd Street			M M / D D / Y Y Y Y Y Y 1 Y 1 D D / 2 0 0 8
	City	State	Zip Code	Transaction ID: 1PMG6W293223
	Hutchinson	KS	67502-1114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthaln		Daton 1001 - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
	SUBTOTAL of Receipts This Page (optional)			2365.00
F	TOTAL This Period (last page this line number		<u> </u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 34 (check only one)    X
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
۷.	Full Name (Last, First, Middle Initial) Michael Diesenhouse			Date of Receipt
	Mailing Address 4991 N. Circulo Sobrid	)		10 02 2008
	City Tucson	State AZ	Zip Code 85718	Transaction ID: A3F53EF9-3631-4958- Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupatio Ophthalr		
	Receipt For:  Primary General Other (specify) ▼	<del>, '                                   </del>	e Year-to-Date ▼ 365.00	
— В.	Full Name (Last, First, Middle Initial) Randy Ennen	<b>I</b>		Date of Receipt
	Mailing Address PO Box 11605			10 03 7 2008
	City	State	Zip Code	Transaction ID: D8WFSY748613
	Fort Smith	AR	72917-1605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
 C.	Full Name (Last, First, Middle Initial) Robert Fechtner	1		Date of Receipt
	Mailing Address Suite 6100 90 Bergen Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 4YDRWX476151
	Newark  FEC ID number of contributing federal political committee.	NJ C	07103-2425	Amount of Each Receipt this Period 465.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	<del>, ' '</del>	e Year-to-Date ▼ 465.00	
s	UBTOTAL of Receipts This Page (optional)	1		1330.00
	OTAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 34 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Lisa Gamell			Date of Receipt
	Mailing Address Mdc 21 12901 Bruce B Downs	Roulevard		10 06 2008
	City	State	Zip Code	Transaction ID: 4YDRUR758384
	<u>Tampa</u>	FL	33612-4742	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ В.	Full Name (Last, First, Middle Initial) Allen Greenbaum			Date of Receipt
	Mailing Address 170 Maple Avenue			10 13 2008
	City	State	Zip Code	Transaction ID: 87JRKY271463
	White Plains	NY	10601-4710	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		250.00	
c. –	Full Name (Last, First, Middle Initial) Herb Greenman	•		Date of Receipt
	Mailing Address 671 Raya Court			10 05 2008
	Charlette	State	Zip Code	Transaction ID: 614931F9-C23D-4CD0
	Charlotte	NC	28204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer self	Occupation Ophthalr	mologist	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 300.00	1
_	Other (specify)		300.00	
	SUBTOTAL of Receipts This Page (optional)			1050.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 34 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmolog	Statements may not be sold or used by any personance and address of any political committee  y Inc Political Committee (OPHTHPAC	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Roy Hager  Mailing Address 4255 Carmichael Cou  City  Montgomery  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State Zip Code AL 36106-2875  C  Occupation Ophthalmologist  Aggregate Year-to-Date  365.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) George Harocopos  Mailing Address 660 S Euclid Avenue  City St. Louis  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State Zip Code MO 63110-1010  C  Occupation Ophthalmologist  Aggregate Year-to-Date  365.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Sarah Hays  Mailing Address Suite 220 1 W Lakeshore Drive  City Birmingham  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	State Zip Code AL 35209-7271  C  Occupation Ophthalmologist  Aggregate Year-to-Date  750.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		980.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 34 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	Statements may not be sold or used by any per e name and address of any political committee y Inc Political Committee (OPHTHPAC)	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mark Hughes  Mailing Address Suite 600  50 Staniford Street  City  Boston  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General  Other (specify)	State Zip Code MA 02114-2539  C  Occupation Ophthalmologist  Aggregate Year-to-Date ▼	Date of Receipt    10
Full Name (Last, First, Middle Initial) Michael Kelly  Mailing Address # 200  10321 Lumley Road  City  Raleigh  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General  Other (specify)	State Zip Code NC 27617-8640  C  Occupation Ophthalmologist  Aggregate Year-to-Date ▼  365.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Jason Levine Mailing Address 5790 N Camino De La  City Tucson  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary Other (specify)	State Zip Code AZ 85718-3919  C  Occupation Ophthalmologist Aggregate Year-to-Date  800.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		881.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 34 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
1 \	y Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Jay Harris Levy Mailing Address 184 Northeast 168th	Stroot	Date of Receipt
		10 14 2008
City North Miami Beach	State Zip Code FL 33162-3412	Transaction ID: AY0482017625  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mark Lindsay Mailing Address 2725 E 29th Street		Date of Receipt
		10 09 2008
City Bryan	State Zip Code TX 77802-2504	Transaction ID: C1W8FB771287  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Scott MacRae		Date of Receipt
Mailing Address po 18665		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: B4DC532C-75B9-44E
rochester  FEC ID number of contributing federal political committee.	NY 14618	Amount of Each Receipt this Period  1000.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
SUBTOTAL of Receipts This Page (optional)		1525.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/34 (check only one)    X
,	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Paul Maurer			Date of Receipt
	Mailing Address 3714 N Roosevelt Bou	llevard		10 10 2008
	City Key West	State FL	Zip Code 33040-4533	Transaction ID: 1PMG6W461885  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:  Primary  General  Other (specify)	<del>. ' · · · · · · · · · · · · · · · · · · </del>	e Year-to-Date ▼ 250.00	
_ В.	Full Name (Last, First, Middle Initial) Ronald May			Date of Receipt
	Mailing Address 740 Waukegan Road	10 03 2008		
	City	State	Zip Code	Transaction ID: D8WFSY733203
	Deerfield	<u>IL</u>	60015-4472	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00  Batch Tool - PAC
	Name of Employer Self		n nologist	Baton 1001-1 AO
	Receipt For:  Primary  General  Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
_ C.	Full Name (Last, First, Middle Initial) Michael Edward Migliori	1		Date of Receipt
	Mailing Address Suite 301 120 Dudley Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Providence	State RI	Zip Code 02905-2429	Transaction ID: 4a68aa59c5406e747f10  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02000 2 120	250.00
	Name of Employer self	Occupatio Ophthalr		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For:  Primary General  Other (specify) ▼	<del>, ' ' '                               </del>	e Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional)	1		865.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 34 (check only one)    X
A C	any information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Michael Millstein			Date of Receipt
	Mailing Address 24275 woodside			10 08 2008
	City <u>beachwood</u>	State OH	Zip Code 44122	Transaction ID: F2F8E64E-14AC-4A4  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer self	Occupation Ophthalr		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Michael Novak			Date of Receipt
	Mailing Address 4725 Maidstone Drive	1		10 09 2008
	City	State	Zip Code	Transaction ID: C1W8FE794049
	Brecksville	OH	44141-1776	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial) Carey Robinson			Date of Receipt
	Mailing Address 1960 Electric Road			10 03 YYYY 2008
	City Roanoke	State VA	Zip Code 24018-1601	Transaction ID: D8WFRI649028
	FEC ID number of contributing federal political committee.	C	24010-1001	Amount of Each Receipt this Period  300.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional) .	1		615.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 34 (check only one)    X
A C	Any information copied from such Reports and or for commercial purposes, other than using th	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
۷.	Full Name (Last, First, Middle Initial) Steven Rubin			Date of Receipt
	Mailing Address Division Ped Ophth S 600 Northern Bouleva			10 10 2008
	City	State	Zip Code	Transaction ID: 1PMG6W318655
	Great Neck	NY	11021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ s.	Full Name (Last, First, Middle Initial) Bryan Rutledge			Date of Receipt
	Mailing Address Retina Vitreous Surge 3107 E Genesee Stre			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: D8WFRI678347
	Syracuse	NY	13224	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
_	Full Name (Last, First, Middle Initial) Noel Saks			Date of Receipt
	Mailing Address 845 Beverly Place			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 4YDRUR966500
	Deerfield	<u>IL</u>	60015-3441	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00 Batch Tool - PAC
	Name of Employer self	Occupatio Ophthalr		Datcii 1001 - FAC
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 365.00	1
_	Other (specify) ▼	0 0	305.00	
				1115.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 34 (check only one)    X   11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	e name and ad	ldress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Delia Sang Mailing Address 73 Chatham Street			Date of Receipt
	Mailing Address 73 Chatham Street  City	State	Zip Code	1 0 1 1 2 0 0 8 Transaction ID: 46518844d7304b5c8bdc
	Brookline	MA	02446-5451	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.66
	Name of Employer self	Occupation Ophthalr		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For:  Primary General  Other (specify) ▼	<del>. ' · · · · · · · · · · · · · · · · · · </del>	e Year-to-Date ▼ 2916.62	
В.	Full Name (Last, First, Middle Initial) Joel Schuman Mailing Address 5416 Darlington Road	1		Date of Receipt  1 0 0 2 2 0 0 8
	City	State	Zip Code	Transaction ID: 9E4DB6D8-28F9-4F32-
	Pittsburgh	PA	15217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer self	Occupation Ophthalr		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
C.	Full Name (Last, First, Middle Initial) Richard Seeger	1		Date of Receipt
	Mailing Address 1015 Ridge Road			10 03 2008
	City	State	Zip Code	Transaction ID: D8WFSY377246
	Webster  FEC ID number of contributing federal political committee.	C	14580-2907	Amount of Each Receipt this Period  500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1016.66
	TOTAL This Period (last page this line number			

ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER:   PAGE 18/34   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be the name and address o	e sold or used by any perso f any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Ophthalmol	ogy Inc Political Com	mittee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Eric Sputh			Date of Receipt
Mailing Address 1030 Fairfax Park			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tuscaloosa		p Code 5406	Transaction ID: 337D72B7-78D7-446  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer self	Occupation Ophthalmologi	st	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-t	o-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Rashid Taher			Date of Receipt
Mailing Address 184 Northeast 168	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City North Miami Beach		p Code	Transaction ID: AY0482776666
FEC ID number of contributing federal political committee.	C	3162-3412	Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologi	st	Batch Tool - PAC
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-t		
Full Name (Last, First, Middle Initial) Robert Treft			Date of Receipt
Mailing Address 1182 E. 450 North			M M / D D / Y Y Y Y Y 1 1 0 0 9 2 0 0 8
City Kaysville		p Code 4037	Transaction ID: 3965AE3F-CCD2-4D  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1	300.00
Name of Employer self	Occupation Ophthalmologi	st	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-t		
SUBTOTAL of Receipts This Page (options	al)		1165.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 34 (check only one)    X
, C	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
۷.	Full Name (Last, First, Middle Initial) W Lee Wan			Date of Receipt
	Mailing Address Suite 200 1700 N Rose Avenue			10 14 2008
	City	State	Zip Code	Transaction ID: AY0482134917
	Oxnard	CA	93030-3791	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		625.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 625.00	
	Full Name (Last, First, Middle Initial) George Williams			Date of Receipt
	Mailing Address 3535 W 13 Mile Road	l		10 06 7 9 9 9
	City	State	Zip Code	Transaction ID: 4YDRUR354164
	Royal Oak	MI	48073-6770	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthalr		Datcii 100i - FAC
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		2000.00	
	Full Name (Last, First, Middle Initial) Matthew Yeomans			Date of Receipt
	Mailing Address 1287 Silverwood Driv	е		10 06 YYYY 2008
	City	State	Zip Code	Transaction ID: 4YDRUR751418
	Okemos	MI	48864-3093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthalr	mologist	Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)			2625.00

A.

В.

PAGE 20/34 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Date of Receipt Scott Zeigen Suite 202-B Mailing Address 2008 03 10 130 Almshouse City State Zip Code Transaction ID: D8WFRI546082 Richboro PA 18954-1130 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Batch Tool - PAC Name of Employer self Occupation Ophthalmologist Receipt For: Aggregate Year-to-Date General Primary 1000.00 Other (specify) Full Name (Last, First, Middle Initial) Scott Zeigen Date of Receipt Mailing Address 130 Almshouse Road Suite 202B 07 2008 City State Zip Code Transaction ID: 47CF8425-AB31-40CB-Richboro PA 18954 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00

SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	<b>•</b>	19493.32

Other (specify)

A.

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page (check o	22 23 24 25 26
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology Inc I	and address of any political committee to	
Full Name (Last, First, Middle Initial)  AAO  Mailing Address 655 Beach St.		Transaction ID: V59907-277218043804  Date of Disbursement  M M / D D D / Y 2 0 0 8
•	State Zip Code CA 94109  001 Category/	Amount of Each Disbursement this Period  2.00
Office Sought: House Senate President State: District:	Type ment For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	•			2.00	
TOTAL This Period (last page this line number only)	<u> </u>			2.00	

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s		OR LINE I check only		PAGE 22/34
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	È	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology Inc					TOO
<u>/</u>	Full Name (Last, First, Middle Initial) 2008 Senate-Rnc Victory Committee; the				Transaction ID: Date of Disburser	04788-90877932310 <sup>-</sup> nent
	Mailing Address 310 First Street SE				10 <sup>M</sup> / 1;	<sup>2</sup> 2008
	Washington	State Zip Code DC 20003			Amount of Each D	Disbursement this Period
	Purpose of Disbursement void ck reported in March Monthly Report Candidate Name		Cate	11 egory/		-1000.00
	Office Sought:    House   Disburse   Senate   President     State: District:	ement For: Primary General Other (specify)	Ту	/pe		
	Full Name (Last, First, Middle Initial) 2008 Senate-Rnc Victory Committee; the				Date of Disburser	
	Mailing Address 310 First Street SE				10 1:	2008
	City Washington	State Zip Code DC 20003			Amount of Each [	Disbursement this Period
	Purpose of Disbursement Void ck reported in March Monthly Report		o	11		-1000.00
	Candidate Name			egory/ /pe		
	Office Sought:  Senate  President  State:  Disburse  Senate  President	ement For: Primary General Other (specify)				
	Full Name (Last, First, Middle Initial) Big Sky Senate 2008				Date of Disburser	
	Mailing Address 120 Maryland Ave NE				10 1;	2008
	City Washington	State Zip Code DC 20002			Amount of Each [	Disbursement this Period
	Purpose of Disbursement void ck reported in March Monthly Report  Candidate Name		Cate	11 egory/ /pe		-5000.00
	Office Sought: House Disburse Senate President State: District:	ement For:  Primary  General  Other (specify)	I ,			
	otate. District.					-7000.00

CHEDULE B (FEC FOIII 3X)	Use separate schedule(s) (check o	NE NUMBER: PAGE 23 / 34
TEMIZED DISBURSEMENTS	Detailed Summary Page 21b 27	22 X 23 24 25 2 28a 28b 28c 29
ny Information copied from such Reports and Starr for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology I	nc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Blaine for Congress, Inc.		Transaction ID: 90937-33150881528
Mailing Address PO Box 1526		10 M / 0 3 / Y 2 0 0 8
City Columbia	State Zip Code MO 65205	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution General	011	5000.00
Candidate Name Blaine Luetkemeyer	Category/ Type	
Senate President	rsement For: 2008 Primary X General Other (specify)	
State: MO District: 09  Full Name (Last, First, Middle Initial)		Transaction ID: 90937-7786065936
Braley for Congress		Date of Disbursement
Mailing Address PO Box 390		10 10 20 3 7 20 0 8
City Waterloo	State Zip Code IA 50704	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	011	5000.00
Candidate Name Bruce Braley	Category/ Type	
Senate President	rsement For: 2008 Primary X General Other (specify)	
State: IA District: 01 Full Name (Last, First, Middle Initial)		Transaction ID: 90937-6980707049
Colorado Democratic Party		Date of Disbursement  100000000000000000000000000000000000
Mailing Address 777 Santa Fe Drive	Chata Zin Cada	
City Denver	State Zip Code CO 80204	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Contribution Condidate Name	011	3550.50
Candidate Name	Category/ Type	
Office Sought: House Disbuter Senate President	rsement For: 2008 Primary General X Other (specify) ▼	
	ribution	
		15000.00

В.

C.

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LIN			R:			PA	GE	24 /	34
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		check o	niy or	ne) 22	X	23	П	24	П	25	26
A la la face di la constanta di			27	Ļ	28a		28b		28c		29	30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name												S
NAME OF COMMITTEE (In Full)												
American Academy of Ophthalmology Inc	Political Committee (OPH	HTHF	PAC)									
Full Name (Last, First, Middle Initial) Continuing a Majority Party Action Commi	ttee (Campac)				Date	of Di	isburs	eme		-313	3961	2078666
Mailing Address 5915 Eastman Avenue S	Suite 100				1 <sup>M</sup> 0	M	/ D .	1 5	/ Y	ž	οŏε	3 <sup>Y</sup>
City Midland	State Zip Code MI 48640				Amou	nt o	f Each	n Dis	burse	men	t this	Period
Purpose of Disbursement Contribution		0	11				_			20	0.00	0
Candidate Name		Cate	egory/ ype									
Senate President X	ement For: 2008 Primary General Other (specify)											
State: District: Contrib	ution											
Full Name (Last, First, Middle Initial) Courtney for Congress					Date	of Di	isburs	eme				6522026
Mailing Address 38 Risley Road					1 <sup>M</sup> 0	M	<sup>′</sup>	0 3	/ L	ž	0 0 8	3
City Vernon	State Zip Code CT 06066				Amou	nt o	f Each	n Dis	burse	-		Period
Purpose of Disbursement Contribution General		Ō	11			0		0		50	0.00	0
Candidate Name Joseph D. Courtney			egory/ ype									
Office Sought: X House Disburse Senate President	ement For: 2008 Primary X General Other (specify)											
State: CT District: 02												
Full Name (Last, First, Middle Initial)										-53 <sup>-</sup>	1215	8465385
Dave Camp for Congress 2008					Date of	of Di			nt / v	· · · · · · · · · · · · · · · · · · ·	Υ.	Y
Mailing Address 5915 Eastman Ave. Suit 5915 Eastman Ave. Suit	e 100				1 <sup>M</sup> 0			15	Ľ	2	0 Ď 8	3
City Midland	State Zip Code MI 48640				Amou	nt o	f Each	n Dis	burse	-	-	Period
Purpose of Disbursement 2008 General		O	11			_	_			30	0.00	0
Candidate Name Dave Camp			egory/ ype									
Senate President	ement For: 2008 Primary X General Other (specify)											
State: MI District: 04												
SUBTOTAL of Disbursements This Page (optional)			. •					_		100	0.00	0

TOTAL This Period (last page this line number only) ......

		Use separate schedule		(check o	IE NUMBER: nlv one)		PAGE 25/	-
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 2 28a		24 25 28c 29	26 30
	/ Information copied from such Reports and or commercial purposes, other than using the such as a such as							
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	gy Inc Political Committee (C	)PHTF	HPAC)				
	Full Name (Last, First, Middle Initial) David Schweikert for Congress				Date of I	Disbursemen		
	Mailing Address 15749 E El Lago				10	0 3	y žo v	8 <sup>Y</sup>
	City Fountain Hills	State Zip Code AZ 85268			Amount	of Each Disb	ursement this	
	Purpose of Disbursement Contribution General		_	011			5000.0	10
	Candidate Name David Schweikert  Office Sought: X House D	sisbursement For: 2008		ategory/ Type				
	Senate President	Primary X Genera Other (specify)	J					
	State: AZ District: 05  Full Name (Last, First, Middle Initial)  Democracy Believers Political Action	Committee (Db Pac)				tion ID: 04	788-024807 t	155132
	Mailing Address 1155 21st Street NW Suite 300				10	13	<sup>Y</sup> <sup>Y</sup> <sup>Y</sup> 2 0 0	8 <sup>Y</sup>
	City Washington	State Zip Code DC 20036			Amount	of Each Disb	ursement this	
	Purpose of Disbursement void ck reported in March Monthly Report			011			-2500.0	00
	Candidate Name			ategory/ Type				
	Office Sought: House Senate President State: District:	isbursement For: Primary Genera Other (specify)	J					
	Full Name (Last, First, Middle Initial) Democratic Party of New Mexico				Date of I	Disbursemen		
	Mailing Address 1301 San Pedro B	vd. NE			10	03	žoŏ	8 <sup>Y</sup>
	City Albuquerque	State Zip Code NM 87110			Amount	of Each Disb	ursement this	
	Purpose of Disbursement Contribution			011			5000.0	00
	Candidate Name			ategory/ Type				
	Senate President	isbursement For: 2008 Primary General X Other (specify) Contribution	I					

SCHEDULE B (FEC Form 3X)		Use separate schedule(s)			FOR LINE NUMBER: PAG (check only one)						E 26 / 34		
TEMIZED DISBURSEMENTS		category of the Summary Page		21b 27	22 28a	X 23 28b	$\mathbf{L}$	24 28c	25 29		26 30		
Any Information copied from such Reports and State													
or for commercial purposes, other than using the nar	me and addre	ss of any political	comm	ittee to s	olicit cont	ributions fr	om sı	ich co	ommittee				
NAME OF COMMITTEE (In Full)	- Dalie - LO	· · · · · · · · · · · · · · · · · · ·		۱۸۵۱									
American Academy of Ophthalmology Inc	c Political C	ommittee (OP	НІНР	AC)									
Full Name (Last, First, Middle Initial)					Trans	saction ID	. 04	700	207775	204	790		
Diana Degette for Congress Inc.					Date	of Disburs	emen				700		
Mailing Address PO Box 61337					1 0		1 3		ž 0 ŏ	8 '			
City	State	Zip Code			Amou	ınt of Each	n Disb	ursen	nent this	Perio	od		
Denver	CO	80206						-		-			
Purpose of Disbursement					L.				-5000.0	i0			
void check reported in March Monthly Rep  Candidate Name			0.										
Diana L. DeGette			Cate Ty	gory/ pe									
Office Sought: X House Disburs	sement For:	2008											
Senate	Primary	X General											
State: CO District: 01	Other (spe	ecity)											
Full Name (Last, First, Middle Initial) Gerry Connolly for Congress						saction ID of Disburs			847423	732	280		
Mailing Address PO Box 563					1 <sup>M</sup> 0	M / D	) 3	/ Y	ž 0 0	8 <sup>Y</sup>			
City	State	Zip Code			Amou	ınt of Each	n Disb	ursen	nent this	Perio	od		
Merrifield	VA	22116							F000 0				
Purpose of Disbursement Contribution General			0.	11					5000.0	Ü			
Candidate Name Gerry Connolly			Cate Ty	gory/ pe									
Senate President	sement For: Primary Other (spe	2008 X General ecify) ▼											
State: VA District: 11													
Full Name (Last, First, Middle Initial) John Boccieri for Congress						saction ID of Disburs			791744	410	99		
Mailing Address PO Box 3016					1 <sup>M</sup> 0	M / D	1 5	/ Y	žoŏ	8 <sup>Y</sup>			
City	State	Zip Code			Amou	ınt of Each	n Disb	ursen	nent this	Perio	od		
Alliance	ОН	44601					•	-	5000 O	· · ·			
Purpose of Disbursement 2008 General			0-	11					5000.0	Ū			
Candidate Name John A. Boccieri			Cate Ty	gory/ pe									
Senate President	sement For: Primary Other (spe	2008 X General ecify) ▼											
State: OH District: 16													
SUBTOTAL of Disbursements This Page (optional	)			<u> </u>					5000.0	0			
TOTAL This Period (last page this line number only	y)			•									
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		CHEDULE B (FEC Form 3X)		Use separate schedule(s)			FOR LINE (check on		DEN.	L	PAGE 2	7 / 34	
ITEMIZED DISBURSEMENTS		for each category of the			21b 27	22 28a		24 28	Sc 2	9 🗀	26 30		
		ed from such Reports poses, other than usi											
_ I	NAME OF COM												
	Full Name (Last, John Lewis for	First, Middle Initial) Congress							nsaction II e of Disbur	sement			142
Ī	Mailing Address	303 Peachtree Suite 5300	Street, NE	<u> </u>				1 M	O M / D	1 3	y žo	ŏ8°	
	City Atlanta			State GA	Zip Code 30308			Am	ount of Eac	h Disbur	sement th	is Per	iod
1		rsement in June Monthly Repo	rt				011				-1000	0.00	•
	Candidate Name John Lewis						tegory/ - ype						
	Office Sought:	X House Senate President District: 05		ment For: Primary Other (spe	2008 General cify)								
ı		First, Middle Initial)							nsaction II e of Disbur		50-7647	36354	435 <sup>-</sup>
Ī	Mailing Address	PO Box 45444						1 M	O M / D	15	y y 0	8 0	
	City Phoenix			State AZ	Zip Code 85064			Am	ount of Eac	h Disbur	sement th	is Per	iod
ī	Purpose of Disbu 2008 General	rsement		712	00001		011				5000	0.00	
	Candidate Name John Shadegg						tegory/ ype						
	Office Sought: State: AZ	X House Senate President District: 03	Disburse	ement For: Primary Other (spe	2008 X General cify)		<u></u>						
ı		First, Middle Initial)	<u> </u>						nsaction II e of Disburs		06-6597	86403	317
Ī	Mailing Address	PO Box 8						1 M	O M / D	10	y žo	8 0	
	City Winnetka			State IL	Zip Code 60093			Am	ount of Eac	h Disbur	sement th	is Per	iod
Ī	Purpose of Disbu Contribution Gen						011				4000	0.00	
	Candidate Name Mark Steven K	irk					tegory/ ype						
	Office Sought:	X House Senate President	Disburse	ment For: Primary Other (spe	2008 X General cify) <b>V</b>			-					
	State: IL	District: 10							• • •	•	0000	.00	
JU —	JBTOTAL of Disk	oursements This Page	e (optional) .				<u> </u>	F		-	8000	.00	-

CHEDULE B (FEC FOIII 3X)		Use separate schedule(s)		FOR LINE (check on		E NUMBER: PAGE 28 /						4
EMIZED DISBURSEMENTS		category of the Summary Page		<u> </u>	21b   27	22 28a	Х	23 28b	24 28c		25 29	
y Information copied from such Reports and Sta	tements may n	not be sold or used	l by a	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$			ırpos					
for commercial purposes, other than using the na												
NAME OF COMMITTEE (In Full)		_										
American Academy of Ophthalmology In	nc Political C	Committee (OP	HTH	IPAC	<b>C</b> )							
Full Name (Last, First, Middle Initial)									90937	7-422	4359	393
Kirkpatrick for Arizona							_	sburse		V . V	V	V
Mailing Address PO Box 993						1 <sup>M</sup> 0	М	0	3 /	Ž	8 ö́ 0	_
City Prescott	State AZ	Zip Code 86302				Amou	ınt of	f Each	Disburse	ement	this P	erio
Purpose of Disbursement					$\neg$	L.				500	00.00	0
Contribution General Candidate Name			_	011 ategor	v/							
Ann Kirkpatrick				Type	y'							
	rsement For:	2008										
Senate President	Other (spe	X General ecify) ▼										
State: AZ District: 01	31131 (300											
Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	90937	7-753	2922	625
Klein for Congress							_	sburse		v • v	· V	V
Mailing Address 21301 Powerline Road	d, Suite 204					1 <sup>M</sup> 0	М	0	3 /	ž	8 ŏ o	Y
City	State	Zip Code				Amou	ınt of	f Each	Disburse	ement	this P	erio
Boca Raton Purpose of Disbursement	FL	33431	_							500	00.00	
Contribution General				011						•	-	
Candidate Name Ron Klein				ategor Type	y/							
-	rsement For:	2008										
Senate President	Other (spe	X General ecify)										
State: FL District: 22												
Full Name (Last, First, Middle Initial)									71250	)-472	5763	201
Lummis for Congress							of Di	sburse		Y V	Y	Y
Mailing Address 2015 Central Ave. Suit	te 200					1 0		1	5 /	2 (	8 ö́ 0	
City	State	Zip Code				Amou	ınt of	f Each	Disburse	ement	this P	erio
Cheyenne	WY	82001						•		500	00.00	
Purpose of Disbursement 2008 General				011				-		500	33.30	
Candidate Name Cynthia Lummis			Ca	ategor Type	y/							
	rsement For:	2008										
Senate President	Other (spe	X General										
State: WY District: 01	Onler (spe	G∪11 <i>y)</i> ₩										
UBTOTAL of Disbursements This Page (options	al)				•		_			1500	0.00	
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OTAL This Period (last page this line number or	nly)				•	<u> </u>						
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s	) FOR LINE (check on	E NUMBER: PAGE 29/34
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology In			
Full Name (Last, First, Middle Initial) Mike McMahon for Congress			Transaction ID: 90937-59255617856 Date of Disbursement
Mailing Address 66 Arnold Street			10 M / D 3 / Y 2 0 0 8 Y
City Staten Island	State Zip Code NY 10301		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution General		011	5000.00
Candidate Name Michael E. Mr. McMahon		Category/ Type	
Senate President	ement For: 2008 Primary X General Other (specify)		
State: NY District: 13  Full Name (Last, First, Middle Initial)			Transaction ID: 90937-2147485613
Nebraska Democratic State Central Com	mittee		Date of Disbursement
Mailing Address 1327 H Street Suite 20 Suite 201			10 0 3 7 2 0 0 8
City Lincoln	State Zip Code NE 68508		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	5000.00
Candidate Name		Category/ Type	
Senate	ement For: 2008 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Nevada State Democratic Party			Transaction ID: 90937-6958429217 Date of Disbursement
Mailing Address 409 Horn Street			$\begin{bmatrix} 1 & 0 & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} D & 0 & 0 \\ 0 & 3 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & 0 & 0 \\ 2 & 0 & 0 & 8 \end{bmatrix}$
City Las Vegas	State Zip Code NV 89107		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	5000.00
Candidate Name		Category/ Type	
Senate President	ement For: 2008 Primary General Other (specify)		
State: District: Contr	oution		
SUBTOTAL of Disbursements This Page (optional			15000.00

		Use separate schedule(s)		) FOR LIF			٦.		PAGE 30/34				
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	22 28a	X 23 28l		24 28c		25 29	26 30t	
	y Information copied from such Reports and Stater for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any politica	l com	mit	tee to so								
$\mathbb{L}$	American Academy of Ophthalmology Inc	Political Committee (Oi	71111	1P <i>F</i>	40)								
	Full Name (Last, First, Middle Initial)  New Jersey Democratic State Committee					Date o	f Disbu	-	. —		77120 ) 0 8	66460 Y	
	Mailing Address 196 West State Street					10		1 3		2 (	000		
	City Trenton	State Zip Code NJ 08608				Amour	nt of Ea	ch Dis	burse	ment 1	this Pe	eriod	
	Purpose of Disbursement Contribution		-	01				•		500	0.00		
	Candidate Name			ateg Typ	ory/ e								
	Senate President X	ement For: 2008 Primary General Other (specify)											
	State: District: Contrib	ution				Tuana		ID. 0	4700	E 4 4 4	2440	45171	
	Pete Stark Re-Election Committee					Transa Date o	f Disbu			-5446	54194	45171	
	Mailing Address PO Box 8331					10	/	13	/ Y	ž	8 Ó (	Y	
	City Fremont	State Zip Code CA 94537				Amour	nt of Ea	ch Dis	burse			eriod	
	Purpose of Disbursement Void ck reported in May Monthly Report			01	1					-100	0.00		
	Candidate Name Fortney H. Pete Stark		Ca	-	ory/								
	Office Sought:  X House Senate President  State: CA District: 13	ement For: 2008 Primary X General Other (specify)	<u> </u>										
	Full Name (Last, First, Middle Initial) Porter for Congress						action I	-	. — • •	-193	37099	97905	
	Mailing Address 7840 Red Leaf Drive					10	/ /	15	/ Y	ž	8 Ó C	Y	
	City Las Vegas	State Zip Code NV 89131				Amour	nt of Ea	ch Dis	burse	ment t	this Pe	eriod	
	Purpose of Disbursement 2008 General			01	1	L.				250	0.00		
	Candidate Name Jon Christopher Porter, Sr.			ateg Typ	ory/								
	Office Sought:  X House Senate President  Disburs:	ement For: 2008 Primary X General Other (specify)	I	71									
	State: NV District: 03					_						-	
s	UBTOTAL of Disbursements This Page (optional)				<b>&gt;</b>	Ι.				650	0.00	.	

TEMPER DISPURSEMENTS	Use separate schedule(s)	OR LINE NUMBER: PAGE 31 / 34 heck only one)
ITEMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 2 27 28a 28b 28c 29 3
Any Information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	Inc Political Committee (OPHTHP)	AC)
/	ine i ontical committee (ci i i i i i i	
Full Name (Last, First, Middle Initial) Price for Congress		Transaction ID: 90937-68452090024 Date of Disbursement
Mailing Address PO Box 425		1 0 M / D 0 3 / Y 2 0 0 8 Y
City Roswell	State Zip Code GA 30077	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution General	01	1 2500.00
Candidate Name Thomas E. Price	Cate Typ	
Senate President	ursement For: 2008 Primary X General Other (specify) ▼	
State: GA District: 06  Full Name (Last, First, Middle Initial)		Transaction ID: 71250-28614443540
Red Rooster Leadership Pac		Date of Disbursement
Mailing Address 228 S Washington St	Ste 115	10 M / D 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Alexandria	State Zip Code VA 22314	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	01	2500.00
Candidate Name	Cateo Typ	-
Senate President	ursement For: 2008 Primary General X Other (specify) ▼ tribution	
State: District: Con Full Name (Last, First, Middle Initial) Voice for Freedom	tribution	Transaction ID: 90937-11101931333
Mailing Address 2814 Spring Road St	e. 103	10 0 3 7 2 0 0 8
City Atlanta	State Zip Code GA 30339	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	01	2500.00
Candidate Name	Cateo Typ	
Senate President	ursement For: 2008 Primary General X Other (specify)	
State: District: Con	tribution	
SUBTOTAL of Disbursements This Page (option	nal)	7500.00
TOTAL This Period (last page this line number of		82500.00

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE 32 / 34 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)	C C00196246
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle, Initial) of Payee	Date
PoliticsHQ	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address 377 Park Avenue South 4th Floor	Amount 100000.00
City State Zip Code	Transaction ID:         V55321-9476282000541           Office Sought:         House         State: CO
New York NY 10016	Office Sought: House State: CO  X Senate District:
Purpose of Expenditure Radio commercial and media buy - Udall  Category/ Type	Presidential
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Rep. Mark E. Udall	Disbursement For: Primary X General
	Other (specify) :
Calendar Year-To-Date Per Election 100000.00	2008
for Office Sought	
Full Name (Last, First, Middle, Initial) of Payee	Date
Mullen & Company	M M / D D / Y Y Y Y Y Y 10 15 2008
Mailing Address 1101 Pennsylvania Ave. NW Fifth Floor	Amount 92995.25
City State Zip Code	Transaction ID: V71250-6622278094291
Washington DC 20004	Office Sought: X House State: NJ Senate District: 03
Purpose of Expenditure Count on John TV ad  Category/ Type	Presidential
Name of Federal Candidate supported or Opposed by expenditure: Sen. John H. Adler	Check One: X Support Oppose  Disbursement For: Primary X General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	2008
(a) SUBTOTAL of Itemized Independent Expenditures	192995.25
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	
Benjamin Bank Date 10	17 2008
Benjamin Bank Signature Date 1 0	., 2000

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EX	PENDITURES				GE 33 / 34 R LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)					
American Academy of Ophthalmology Inc Polimmittee (OPHTHPAC)	ical Co-				FICATION NUMBER •
	hour notice			C 000	100210
Full Name (Last, First, Middle, Initial) of Pa			Date		
Mullen & Company	,,,,		M M /	D D /	2008
Mailing Address 1101 Pennsylvania Ave. NW Fifth Floor			Amount		1200.00
City	State Zi <sub>l</sub>	o Code			50-4520837664604
Washington	DC 20	0004	Office Sough		
Purpose of Expenditure Radio spot for Gabri- elle Giffords	Categor Type				dential
Name of Federal Candidate supported or C	pposed by expenditure:		Check One:	X Supp	ort Oppose
Rep. Gabrielle Giffords  Calendar Year-To-Date Per Election		200.00		t For: Fer (specify):	Primary X General
for Office Sought	447	200.00	2008		
Full Name (Last, First, Middle, Initial) of Pa	yee		Date		
Mullen & Company			1, 0	15	2008
Mailing Address 1101 Pennsylvania Ave. NW Fifth Floor			Amount		5920.00
City	State Zi <sub>l</sub>	o Code		]	50-8866235613823
Washington	DC 20	0004	Office Sough		
Purpose of Expenditure	Categor	v/		Sena	te District: 03 dential
TV Buy for Adler	Туре				
Name of Federal Candidate supported or C	pposed by expenditure:		Check One:	X Supp	ort Oppose
Sen. John H. Adler			Disbursemen	t For: F	Primary X General
			Othe	er (specify) :	•
Calendar Year-To-Date Per Election for Office Sought	989	915.25	2008	(-  7)	
(a) SUBTOTAL of Itemized Independent Exp	enditures				7120.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures				
(c) TOTAL Independent Expenditures					200115.25
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate of committee) any political party committee or its age	r authorized committee or ager				
Benjamin Bank		Date 10		y y y y 2008	
Signature	<del></del>				

Image# 28992648146	
Form/Schedule: <b>F3XN</b> Transaction ID:	None of the Independent Expenditures reported on Schedule E have aired as of 10/15/08.
	***************************************